

CLASSROOM OBSERVATION

Student Name _____	Monitor _____
Census Number _____	Teacher _____
LEA _____	School _____

1. Using the IEP list the student needs found in the present levels of performance (PLEP), the IEP goals, and the services, adaptations, and supports?

<u>PLEP (Needs)</u>	<u>Goals</u>	<u>Services/Adaptations/Supports</u>

2. Is there a clear correlation between the needs, goals, and services listed on the IEP? **I O U**
If **NO**, ask the IEP team about these possible concerns after question 1, page 2, for clarification.

Record Observational Notes:

3. Instructional adaptations (modifications or accommodations) being provided during the observation.
4. Assistive technology services or devices were being utilized or were available for this student.
5. Supports for school personnel provided as described in the IEP.

IV.B.5 I O U

IV.B.6 I O U

IV.B.7 I O U

IEP TEAM INTERVIEWS

Instructions: Interview the members of the most recent IEP team for this student. The interviews may be conducted in person or by telephone. Document team members interviewed and their involvement in IEP development by recording information on the right side of the grid.

1. Do you have a copy of ____'s IEP?

Student	
Parent	
Reg Ed Teacher	
Sp. Ed. Teacher	
LEA Rep	
Other	

Notes:

2. How did the team use the AZ Academic Standards in the development of IEP (Language arts, math, behavior, transition planning, modification strategies, etc.)?

Student		
Parent		
Reg. Ed. Teacher		
Sp. Ed. Teacher		
LEA Rep		
Other		III.B.4.d I O

3. What factors did the team consider in determining the need for services? (Consider related services, specialized materials, and equipment/assistive technology, and modifications in the regular classroom, behavior supports, counseling, and adaptations).

Student	
Parent	
Reg. Ed. Teacher	
Sp. Ed. Teacher	
LEA Rep.	
Other	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> U = See last item </div>

4. What factors did the team consider in determining the student's participation with his/her peers in educational, non-academic and/or extra-curricular activities?

Student	
Parent	
Reg. Ed. Teacher	
Sp. Ed. Teacher	
LEA Rep.	
Other	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> I V.B.4. I O </div>

5. What factors did the team consider in determining participation in, and adaptations for, the AIMS and SAT 9 test?

Student		
Parent		
Reg. Ed. Teacher		
Sp. Ed. Teacher		
LEA Rep.		
Other		III.B.4.p I O

6. What factors did the team consider in determining the need for extended school year service?

Student		
Parent		
Reg. Ed. Teacher		
Sp. Ed. Teacher		
LEA Rep.		
Other		III.B.4.k I O

7. Are all the services written in the IEP being provided (including related services, specialized materials, and equipment/assistive technology, modifications in the regular classroom, etc.)?

Student		
Parent		
Reg. Ed. Teacher		
Sp. Ed. Teacher		
LEA Rep.		
Other		IV.B.2 I O

8. Will _____ achieve his/her IEP goals this year? If not, what is being done?

Student		
Parent		
Reg. Ed. Teacher		
Sp. Ed. Teacher		
LEA Rep.		
Other		III.B.11.b I O

Interviewer Summary

From all of the responses, identify the strengths of the IEP process for this student.

From all of the responses, identify the weaknesses of the IEP process for this student.

Did the parent have the opportunity to actively participate in the development of the IEP?

V.B.2.f
I O

Based on observation, review of file, and interview process. Does the IEP reflect all of this student's needs?

III.B.13
I O